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27581 7590 10/08/2008

MEDTRONIC, INC.
710 MEDTRONIC PARKWAY NE
MINNEAPOLIS, MN 55432-9924

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/775,402 02/10/2004 Craig M. Housworth P0008939.04 8871

TITLE OF INVENTION: IMPLANTABLE MEDICAL DEVICE PROGRAMMER MODULE FOR USE WITH EXISTING CLINICAL INSTRUMENTATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1510 \$300 \$0 \$1810 01/08/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SCHAETZLE, KENNEDY 3766 607-060000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Medtronic, Inc.

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *13-2516* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Registration No.

Daniel G. Chappik

11-04-08
43,424

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Craig M. Housworth Examiner: K. Schaetzle
Serial No. 10/775,402 Group Art: 3766
Filing Date: 02/10/2004 Docket No.: P0008939.04
Conf. No.: 8871

Title: IMPLANTABLE MEDICAL DEVICE PROGRAMMER
MODULE FOR USE WITH EXISTING CLINICAL
INSTRUMENTATION

**FEE ADDRESSEE FOR RECEIPT OF PTO NOTICES
RELATING TO MAINTENANCE FEES**

Mail Stop M Correspondence

Director of the US Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This letter is to specify that the FEE ADDRESSEE for this patent is as follows:

Master Data Center
300 Franklin Center
29100 Northwestern
Southfield, Michigan 48034-1095
U.S.A.
Payor Number: 000124

Any prior FEE ADDRESSEE for the above-identified U.S. patent is hereby revoked.

The above-identified U.S. patent was assigned to Medtronic, Inc., a Minnesota corporation, 710 Medtronic Parkway N.E., M.S. LC340, Minneapolis, Minnesota 55432. The Assignment was filed with the United States Patent and Trademark Office on 10/28/2008, REEL/FRAAME 021746/0217. It is certified that the person whose signature appears below has the authority to change the FEE ADDRESSEE for this patent.

Respectfully submitted,

November 4, 2008
Date

/Daniel G. Chapik/
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